

BENEFIT CLAIM FORM

LAST
FORM ☐
Check box if this
is your last copy
of this form.

1. NAME _____
(First) (Middle) (Last)

2. MAILING ADDRESS _____
(No.) (Street or Route)

(City) (County) (State) (ZIP Code)
TELEPHONE NO. ()
(Area Code)

3. Have you moved since you last filed? ☐ Yes ☐ No

6. (A) If you had earnings, furnish the information below for each day you worked or earned wages.

4. SOCIAL SECURITY NUMBER

- -

5. LIABLE STATE **MI**

1st Week Ending on Saturday

2nd Week Ending on Saturday

6.

(Date)

(Date)

During the week(s) claimed above, did you work or earn wages of any kind?

1st Week ☐ Yes ☐ No 2nd Week ☐ Yes ☐ No

1st Week				2nd Week			
Date	No. of Hours	Employer's Name and Address	Daily Gross Pay	Date	No. of Hours	Employer's Name and Address	Daily Gross Pay
			\$				\$
Total Hrs		Total Gross Earnings	\$	Total Hrs		Total Gross Earnings	\$

7. Reason for separation from any employment shown above: ☐ Lack of Work ☐ Still Working ☐ Other
If "Other," take this form to the local Employment Security Office for statement.

8. Do you receive: ☐ Educational Assistance Allowance ☐ Training Allowance ☐ Retirement Pension?

Enter amount \$ _____ per _____ (day, week, month) and effective date _____.

9. For the week(s) claimed above, did you receive income from one or more of the following sources?

☐ Yes ☐ No. If "Yes," enter the amount(s) below:

- a. Earnings from self-employment \$ _____
- b. Commission payments \$ _____
- c. Wages in lieu of notice \$ _____
- d. Dismissal or severance pay \$ _____
- e. Vacation pay \$ _____
- f. Holiday pay \$ _____
- g. Tips and gratuities \$ _____
- h. Board, or room, or both \$ _____
- i. Worker's Compensation \$ _____
- j. Salary or Wage Continuation Pay \$ _____

10. During the week(s) claimed above, were you:

- a. Able to work ☐ Yes ☐ No
- b. Available for full-time work ☐ Yes ☐ No
- c. Offered any jobs you refused ☐ Yes ☐ No
- d. In training/attending school ☐ Yes ☐ No
- e. Working on a commission basis ☐ Yes ☐ No
- f. Self-employed ☐ Yes ☐ No
- g. Claiming benefits under any other unemployment law? ☐ Yes ☐ No

NOTE: For any amount entered in **Item 9**, show in this space the source of income, period covered by payment or effective date, and the employer's name and address, if applicable.

11. (A) During the week(s) claimed in **Item 6**, what did you do to find work? List employers, labor unions, and other places contacted.

Date	Places Contacted	Location	Method of Contact	Type of Work	Results

11. (B) If you did not look for work, explain in **Item #13** on reverse side.

12. If you have returned to work, enter: _____
(Beginning Date) (Employer's Name)

(Employer's Address)

(City & State)

(ZIP Code)

(Telephone No.)

You may use Michigan's Automated Response Voice Interactive Network (MARVIN) to phone-in your continued claims for unemployment benefits and to inquire about your claim. Call 1-866-638-3993, or refer to your *Filing Your Michigan Interstate Claims Booklet* for complete instructions. If you choose to report by mail, **it is your responsibility to mail your Benefit Claim Form so that it is RECEIVED by the Bureau of Workers' & Unemployment Compensation (BW&UC) no later than the Friday after the latest date shown in Item 6.**

I hereby claim benefits for the weeks shown in Item #6 and certify that: I am registered for work as required in _____ (city and state). I am unemployed, and able and available to perform suitable full-time work, except as shown on the reverse. I have made an active search for work each week. I did not fail to REPORT for a work interview or to APPLY for or ACCEPT any work offered me except as indicated in Item #13 ("REMARKS") of this form or in an attached statement. I understand that the law imposes penalties for false statements made for the purpose of obtaining benefits. I hereby certify that the statements made on this claim form are true. **I understand that this form must be received by the Michigan BW&UC no later than the Friday after the latest week in Item 6.**

BE SURE TO SIGN AND MAIL THIS FORM NO EARLIER THAN THE SUNDAY AFTER THE LAST WEEK FOR WHICH YOU ARE CLAIMING BENEFITS.

13. REMARKS (attach separate sheet if necessary): _____

14. SIGNATURE _____ 15. DATE SIGNED _____

16. SOCIAL SECURITY NO. _____

NOTE: You may wish to keep a list of the weeks you claim, date forms are mailed, and the information you provide on forms on the Claim Reporting Record forms.

You must use a separate envelope for mailing this form to :

STATE OF MICHIGAN
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
INTERSTATE BENEFIT UNIT
PO BOX 9066
DETROIT MI 48202-9066

If you have any questions, please contact our Claimant Customer Relations Hotline at (800) 638-3995.